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HIV/AIDS and personal decision making about sex among men in Nigeria

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Abstract

The study investigated personal decision making about sex among men in Nigeria so as attitude of men towards HIV prevention. The study utilized a field survey to collect primary data. A total of 150 men whose ages were between 20 and 45 years and who were undergraduate students of the University of Ado-Ekiti were sampled for the study. The sample was selected using simple random sampling technique. Data for the study was collected using a self-constructed instrument titled (HIVDM). The methods used in validating the instrument were face and content validities. A test re-test method of establishing reliability was used. The reliability co-efficient was 0.80. The statistical techniques used were frequency counts, percentages and Pearson product Movement Correlation method. The result of the findings shows that knowledge of HIV/AIDS will not be significantly related to personal decision making concerned with HIV/AIDS prevention among men. There was no significant relationship between HIV preventing behaviour and the fact that someone has seen an individual who died of HIV/AIDS before. The study recommended among other things that counsellors should encourage men to make responsible and careful decision about their sexual lives.

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Keywords: Human immunodeficiency virus, penetrative sex, reproductive health, sexual behaviour, sexual encounter, sexual intercourse.

1. Introduction

Human Immunodeficiency Virus (HIV) was first identified in 1983, though it has subsequently been traced to as far back as the late 1960's. Acquired Immune Deficiency Syndrome (AIDS) is the most advanced phase of the HIV disease (Keeling, 1998). Initially, AIDS was seen as a threat to only specific population subgroups. The “first wave” primarily affected homosexual men, “the second wave” expanded the risk to intravenous drug users and now the “third wave” finds the virus expanding to heterosexual population.

HIV/AIDS is a physical disease and as such requires medical management and treatment. The transmission of the virus is largely a volition activity subject to psychosocial factors and influences. The primary causes of HIV infection are biological and a person's sexual behaviour is the most proximate cause. The decision which an individual makes about condom use, type and mode of sexual partnership and the ability to seek prevention of HIV virus, seeking Medicare when necessary (voluntary testing) and ensuring care and responsibility in sexual matters count in HIV prevention.

The epidemic of HIV disease and AIDS is now in its third decade. It has generated more attention than any new disease to appear in history. Acquired Immunodeficiency Syndrome threatens significant portion of human population. HIV has been directly associated with sexual activity, and such diseases then get people to be careful in how they approach their sexual activities (Grupata 2001).

Human Immunodeficiency Virus (HIV) and the terminal disease to which it often leads, Acquired Immunodeficiency syndrome (AIDS), have been changing some fundamental ways in which people view sexual

behaviour. Kelly (2004) reported that as awareness and fear about HIV and AIDS increased, there was also increase in awareness about the need to make sexual decisions with care and to protect oneself during sexual interactions. Durex (2001) indicated that in a worldwide survey, 46 percent said they were not personally concerned about HIV/AIDS. Sorted by age it was clear that the younger population, aged 16 to 24 were the most concerned. However, some of them did not take measures to prevent transmission of disease during sex. Research according to Durex (2001) indicated that individuals lack attention to safe sex, although some people use condom during sex very consistently, many do not. The centre for disease control and prevention had actually reported an increase from year to year in the number of people who did not use condom with a steady sex partner.

As reported by Durex (2001), sexual pleasure is consistently cited as being a more important consideration to individuals than protection from disease or unintended pregnancy. Like so many aspects of sexual decision making, there seems to be many factors that influence the use of condom among college students. Those with many sexual partners and those who get drunk frequently are less likely to use condom on a consistent basis. Among people who use condom, only 1 percent follows all of the steps necessary to assure the greatest degree of protection, with another 12 to 28 percent using some of the measures that increase the likelihood of condom successfully preventing disease transmission. College students report concern about discussing or requiring condom use in their sexual relationship because they fear raising issues of trust and commitment that might be difficult to deal with. They also seem to have realistic ideas about the degree of risk, which they face in their college environment. Perhaps this is reflective of prevalent attitude that “it won’t happen to me” (Bird, Harvey, Beckman and Johnson 2001).

HIV/AIDS has become the fourth largest cause of human death. The rate of infection and death are much greater in the poorer nations of the world (Begley, 2002). Close to 64 percent new infection among Black (Kaiser Foundations 2002) are believed to be with HIV cases. In Southern and Southeast Asia and sub-Saharan Africa it is believed that 25.3 million people are living with HIV/AIDS (Kaiser Foundation, 2002).

According to Kelly (2004), the growing problem of HIV infection is beginning to change people’s sexual behaviour. The disease will be brought under control only through multidisciplinary approach involving biomedical and behavioural sciences.

Cochran and May (1990) indicated that people lie about their AIDS test when they had actually had no test. 20 percent men and 4 percent women said they would lie about the AIDS test. More recent research found 40 percent of sexually active HIV – positive men and women did not disclose their status to sexual partners, and two fifth of those who did not tell also did not use condoms consistently in their sexual contacts (Stein 1998). Davis and Weller (1999) asserted that condom or latex condom is the best form of protection through a sexual encounter. The practice of condom use they believe cannot guarantee safety against HIV transmission, but they can minimize the risks of contracting the virus.

HIV is an infection of controversy, because HIV is frequently transmitted through behaviours that people judge to be inappropriate. Nevertheless, it is clear that the best way to prevent the spread of HIV and to protect oneself from infection is to know the facts and make responsible and careful decisions. The fact that HIV/AIDS has no cure and the possibility of contracting or transmitting the infection should be weighed as part of everyone’s responsibility as regards sexual behaviour. Some of the specific suggestions for minimizing the chances and decision making deals with: recognizing abstinence from sex as a choice, that sexual sharing does not have to involve internal penetration, avoiding multiple partners, taking responsibility for oneself and one’s own protection use of condom and vaginal pouches and getting medical screening periodically and seeking medical treatment promptly if symptoms develop (Shain 1999).

HIV testing is especially valuable in developing countries because early detection can lead to earlier treatment and potentially large period of survival. When there has been risk of infection, physicians often recommend repeat testing. Increasing numbers of people under 30 are planning to be tested (Crystal and Schlosser 1999).

Every one has to make his or her own decision about sexual behaviour as it relates to the risk of HIV transmission. While some postpone penetrative sex till after marriage, others share sex before marriage. How seriously people consider the risk of contracting HIV or the type of practices they employ depends on a variety of psychological and social factors which include the following: degree of willingness to be prepared for sex, self-esteem and assertiveness to protect oneself, willingness to personal vulnerability and willingness to accept the struggles of establishing a sexual identity (Adams 2000, Anafi 1999, Bird 2001, Civic 2000).

Despite the threat of HIV, couples can still regard a possible way as an integrated part of enhancing relationship. The threat of HIV should force potential sexual partners to think more carefully about their sexual decisions, open up channel of communication and protect themselves more deliberately from the spread of the disease.

Recent research endeavours in Nigeria have been intensified on male sexuality partly because of the need to curtail the spread of AIDS and partly because men enjoy some degree of permissiveness and sexual freedom. As reported by Asare and Anafi (1993), traditionally a man in Nigeria has an unlimited sexual freedom both in and out of marriage while a woman is expected to stick to one partner at a time. Another factor which allows a man to engage in multiple sexual relationships in traditional African setting is the need for a substitute when the wife is pregnant and particularly during the period of traditional long period of postpartum or sexual abstinence (Caldwell and Caldwell Ankrat, Anarfi, Agyeme, Awusobo-Asare and Orubuloye 1993, Bleek 1976).

In recent times, the traditional need for a substitute for a pregnant or nursing wife has become less important, because of the widespread practice and adoption of contraception. (Nigeria Federal Office of Statistics 1992). However the institution of polygamy rather than its collapse has only become modified. Sub-Saharan African men still enjoy certain degree of permissiveness and freedom as ever.

Ogundana (2002) reported that HIV/AIDS infection seems to be spreading fast in sub-Saharan African region. This is largely due to the risky sexual behaviour of men in Nigeria. There had been massive campaign, educational and intervention programmes targeted at achieving this. For instance, there are campaigns for marital sexual fidelity, avoidance of casual sex, practices of safe sex (e.g. use of condom if one must engage in casual sex). Non-governmental organisations, the media houses and religious organisations have sensitized people towards prevention of HIV. However, it seems people still share unprotected sex with casual sexual partners while many have been involved with sexual relationships with prostitutes and itinerant market women. Others still continue with sex outside the normal relationship even with individuals whose sexual history or behaviour is unknown.

Ogundana (2002) identified that men are aware and have high knowledge of HIV. Two fifths of the men have never discussed HIV/AIDS with anyone. Even when there were discussions, they were usually with male companions.

In Nigeria, perhaps a reason why HIV/AIDS seem not to be taken seriously is because people cannot identify the disease with death. Although, Nigerian newspapers publish statistics about AIDS, fellow townsmen or well known identities that die from AIDS are not so indicated. Little wonder then that only 3 percent of the men interviewed by Ogundana stated that they had known someone living with AIDS. In Nigeria, people hide their HIV status and identities, people have been found to disappear to their towns unannounced if they are sick.

As reported by Anarfi (1999) Nigerians believe that the cause of death does not matter. One will surely die of a type of death, AIDS or no AIDS. Akanle (2005) indicated that knowledge of HIV/AIDS is not necessarily sufficient to motivate men or young people to alter potentially dangerous partner interactions even in high prevalence areas where HIV is obvious threat. Several studies such as Omorepie (2004) Ezefili, Williams & Akinsete (2003) explored youth's reactions to the threat of HIV/AIDS and its potential impact on sexual decision-making and behaviour. These studies suggest that knowledge of HIV/AIDS or fear of HIV/AIDS is not an overriding factor in how young men conduct their sexual relationships. Rather young people do not perceive themselves at risk of HIV infection.

Preventive measures aimed at creating awareness of HIV/AIDS by linking behaviour with AIDS are available in Nigeria. It is expected that HIV/AIDS education should make people to assess critically and objectively before taking decisions. HIV/AIDS education using the media is to enable people to change behaviour and to allow people to maintain the change overtime. Effective AIDS prevention is more than information provision; it includes auxiliary services like counselling, supervision and condom provision and distribution.

In relation to HIV/AIDS, the possibility that the possession of adequate and correct knowledge is highly correlated to preventive efforts is a strong motivating factor in most educational projects (UNAIDS 2003). Decision theoretical model explains that people's ability to take action to prevent illness depends on individual views of his own vulnerability. It also depends on perceived susceptibility to a particular health problem, his belief about the severity of the illness or perceived seriousness of the condition (How serious is AIDS, how hard would my life be if I get infected with HIV/AIDS?). The perception of the effectiveness of the newly introduced behaviour and ability to take action depend on cue to action (witnessing the death or illness of a close friend or relative due to HIV/AIDS or exposure to family planning or HIV prevention messages on radio. Others include the evaluation of the barrier associated with condom). (Becker and Maiman 1975).

Reports from the National HIV/AIDS Reproductive Health Survey (2003) present information about awareness of HIV/AIDS, knowledge of how HIV is spread, and knowledge of how it can be prevented. According to the survey awareness about HIV is generally high. Also Oladapo and Brieger (1994) found that AIDS information was familiar to 90 percent of the population.

An aspect of young men's sexual partnership that has begun to receive greater attention is sexual decision making especially with the rise of HIV/AIDS on the continent. Varga (2001) observed that several studies which explored youth's reactions to the threat of HIV/AIDS and its potential impact on sexual decision making and behaviour suggest that HIV/AIDS is not an overriding factor in how young men conduct their sexual relationship. Rather, young men reported having broad sexual networks (multiple concurrent sexual partnerships) and unprotected sex both because they did not perceive themselves at risk of infection but also due to social pressure to engage in such behaviour.

Varga (2001) reported that Africans especially male youths appear to have mixed reactions to the threat of HIV infection. It seems that knowledge or even fear of HIV/AIDS is not necessarily sufficient to motivate young people to alter potentially dangerous partner interactions. Even in high prevalence areas where HIV/AIDS is obvious threat to social stability, youths relationships appear to be characterized by little verbal communication between partners on issues such as the timing and conditions under which sex should take place. Sexual dynamics are governed by scripted cues, social expectations and male sexual desires, and not partner consensus. Varga (2000) indicated that among both young men and women, sexual partners are chosen and contraceptive decisions (such as condom use) are made using subjective risk assessment criteria based on factors such as social reputation, physical appearance and personal hygiene, and family background. Condom use is reserved for those who are viewed as both socially and physically dirty.

Statement of the Problem

The growing problem of HIV infection is beginning to change people's sexual behaviour in various countries. However, it appears that despite the concerted efforts to reduce the incidence of the dreaded HIV/AIDS pandemic in some states in Nigeria, the rate of infection has continued to rise in some states. Many residents of some States for example had failed to make conscious efforts to avoid risks that could lead to HIV infection. As reported by Oni in *The Punch* (Friday August 25, 2006) many residents of Edo State practice sex trade, drug abuse and unofficial prostitution which might be responsible for the high incidence of HIV/AIDS pandemic in the State. Many efforts have been made to bring the disease under control. Strategies such as repeated media message, increasing awareness of and encouragement of condom use and a political climate which enables open discussion of HIV and sexuality have been used (Peter and Clement 2000). Everybody agrees that educational efforts regards HIV/AIDS infection, and in most cases open demonstration of the correct use of condom have been carried out, while those people who have been involved in risky behaviour have been encouraged to seek confidential counselling so as to find out their HIV status. However, some individuals still lie about their HIV status when asked, even though they have not had such a test. Some still share unprotected sex with sexual partners. Some do not seem to understand the facts about HIV, while some make irresponsible and careless decisions concerning their personal protection with regards to HIV prevention. To be able to investigate and understand the level of knowledge, personal decision making and attitude of men towards HIV prevention this study intends to clarify knowledge base, personal attitude and circumstances which may have been changing over the years. To effectively do these two general questions were raised:

1. Do men have high knowledge of HIV/AIDS?
2. Are men making appropriate decision concerning HIV/AIDS testing and condom use?

Hypotheses

1. Knowledge of HIV/AIDS will not be significantly related to personal decision making concerning with HIV/AIDS prevention among men.
2. There will be no significant relationship between HIV preventing behaviour and whether somebody has seen someone who had died of HIV/AIDS before.

Methodology

The study utilized a field survey to collect primary data. The target population was 150 men whose ages were between 20 – 45 years and were undergraduate students of the University of Ado-Ekiti Nigeria. These men came from different States in Nigeria. These men were those who attend holiday studies referred to as "Sandwich". The sample was selected using simple random sampling techniques.

The instrument was a questionnaire titled "HIV/AIDS and decision making questionnaire (HIVDMQ)." It is a self-constructed one. It consisted of two sections. Section A and section B. Section A consists of demographic characteristics of respondents such as age, sex, and status. Section B consisted of 9 items on a two –point rating

format (Yes/No), which sought information about knowledge of transmission of HIV/AIDS, whether respondents have tested their HIV status, whether they use condom consistently and their view about condom as an effective prevention of sexual transmission of HIV. The questionnaire also asked questions concerning whether respondents had a friend or co-worker who had HIV. Their chances of becoming infected and whether they discussed issues of HIV with their sexual partners were also sought. Some of the questions are: Do you recognize the term HIV/AIDS?, Can HIV be transmitted through sexual intercourse? Can HIV be transmitted via shared needles? Can an infected mother transmit HIV to an infant? The questions concerning personal decision making include: Have you been tested for HIV? Do you plan to be tested in the next 12 months? Do you use condom? Do you use condom consistently? Respondents were asked if they had seen a friend or co-worker who had died of AIDS. Each question was numerically coded. ‘Yes’ was scored 1 and ‘No’ 2. Average score per person for knowledge of 3.62 per respondent while average score for personal decision was 1.55 per respondents.

The instrument was validated using face and content validity procedures. For face and content validation, experts’ judgements were used in determining the content and face validity. The experts checked the extent to which the items on the questionnaire represented the content or behaviour specified by the theoretical concept being measured.

A reliability test was carried out on 25 young adults whose ages were between 25 – 45 using Pearson Product Movement Correlation. A reliability of 0.80 was obtained. The administration of the instrument was done by the researcher and assisted by research assistance. Personal contact between the researcher and respondents enhanced better understanding of the items in the instrument. The copies of the questionnaire were collected back on completion. Those questionnaires that were correctly filled were analysed using descriptive and inferential statistics such as frequency counts, percentages and Pearson Product Movement Correlation to establish the relation between variables of all the study. All hypotheses were tested at 0.05 level of significance.

Data analyses

Descriptive Analysis

Question 1: Do men have knowledge of HIV/AIDS?

In analyzing this question, data on knowledge of HIV/AIDS concerned with the transmission of HIV via sexual intercourse, shared needle and transmission from mother to infants were collected and analysed using frequency counts and percentages. The findings are indicated in table 1 below.

Table 1 : knowledge of HIV/AIDS among men

	YES		NO	
	Freq.	%	Freq.	%
Do you recognize the term HIV?	139	92.7	11	7.3
Can HIV be transmitted via sexual intercourse?	143	95.3	7	4.7
Can HIV be transmitted via shared needles?	139	92.7	11	7.3
Can infected mothers transfer HIV to infants?	122	81.3	28	18.7

Table i shows that men have a very high knowledge about transmission of HIV via sexual intercourse, shared needles and that of transmission from mother to infants.

Question 2: Are men making appropriate decisions concerning HIV testing and condom use as a way of preventing HIV infection?

In analyzing this question, data concerned with condom use and HIV testing were collected and analysed using frequency counts and percentages. The findings are shown in table 2 below.

Table 2: Decision Concerning HIV testing and condom use.

	YES		NO	
	Freq.	%	Freq.	%
Have you been tested for HIV?	65	43.3	85	56.7
Do you plan to be tested in the next 12 months?	53	35.3	97	64.7
Do you use condom?	64	42.7	86	53.3
Do you use it consistently?	50	33.3	100	66.3

Table ii shows that 85(56.7%) and 97 (64.7%) have not been tested for HIV and do not plan to be tested. A total number of 86 (53.3%) do not use condom, while 100(66.7%) do not use condom consistently. Men are not making appropriate decisions concerning the prevention of HIV by using condom and having HIV testing as a means of checking their HIV status.

Hypotheses Testing

Hypothesis 1: Knowledge of HIV/AIDS will not be significantly related to personal decision making concerned with HIV/AIDS prevention among men.

In testing this hypothesis, data on knowledge of HIV/AIDS and that on personal decision-making were correlated using Person Product Moment correlation to determine the relationship between the two. Table 8 shows the result of the analysis.

Table 3: Correlation between knowledge of HIV/AIDS and Men's Personal Decision Making concerned with HIV prevention.

Variables	No. of Cases	r-value	r-table	Level of Significance
Knowledge of HIV/AIDS	150	0.130	0.195	P > 0.05
Personal Decision Making	150			

Table 1 shows r-value 0.130 and r-table 0.195 at 0.05 level of significance. Ho is accepted since r-value is lesser than r-table. Therefore there is no significant relationship between the HIV knowledge and personal decision making concerned with prevention of sexual transmission of HIV among Nigerian men. This implies that men disregard the knowledge of HIV transmission in making decisions that could prevent them from becoming infected with HIV.

Hypothesis 2: There will be no significant relationship between HIV preventing behaviours and whether somebody has seen someone who had died of HIV/AIDS before.

In testing this hypothesis, data on prevention of HIV/AIDS and Awareness about individuals who have had HIV/AIDS were correlated using Pearson Product Moment Correlation to determine the relationship between the two. The result of the analysis is shown in table 8.

Table 4: Correlation between lack of prevention and Awareness of individuals who died of AIDS.

Variables	No. of cases	r-value	r-table	Level of Significance

Lack of prevention of sexual transmission of HIV.	150	0.138	0.195	P > 0.05
Awareness of someone who had died of AIDS	150			

Table 4 shows r-value 0.138 and r-table 0.195 at 0.05 level of significance. H_0 is accepted since r-value is lesser than r-table. Therefore there is no significant relationship between lack of provision of sexual transmission of HIV and the awareness concerned with whether men have seen an individual who has had HIV or AIDS before. This implies that lack of preventive measures, such as condom use or HIV testing is not determined by the fact that men have not seen an individual who had died of AIDS.

The study examined HIV/AIDS and personal decision making about sex among men in Nigeria. In the analysis, several findings were made. For example table 1 Shows that men have very high knowledge about the different mode of HIV transmission. The findings of this study are supported by Ogundana (2002) who observed that there is high level of awareness about HIV/AIDS population. The findings of this study shows that men are not making appropriate decision concerning the prevention of HIV by using condom and by seeking Medicare care such as voluntary HIV testing. The findings of this study is supported by Durex (2001) sexual pleasure is consistently cited as being a more important consideration to individuals than protection from diseases or unintended pregnancy. The findings of this study is also supported by Cochran and May (1990) who indicated that people lie about their AIDS test when they had actually had no test while active HIV positive men and women did not disclose their status to sexual partners. The report of this finding is contrary to that of crystal and Schlessner (1999) who reported that increasing number of people under 30 are planning to be tested for HIV. Also the findings is contrary to that of Ogundana (2002) that there is a high rate of condom use especially in casual sexual activities among men in Nigeria. The possible reason why men are not making appropriate decisions concerning the prevention of HIV by using condom and by engaging in voluntary HIV testing is that men do not consider HIV/AIDS as an overriding factor in how young men conduct their sexual relationships, because they did not perceive themselves at risk of HIV infection and also because of social pressure to engage in risky sexual behaviour. It may also be because Nigerian men appear to have mixed reactions to the threat of HIV infection. Since Nigerian men believed that death is predestined and cannot be avoided. As reported by Anafi(1999),it does not matter the cause the cause of one's death. Nigerian men are not afraid of death one will surely die of something, either accident or HIV/AIDS.

The finding of the study shows that knowledge will not be significantly related to personal decision making concerned with HIV among men. This finding agrees with that of Vargia (2001), and Akanle (2005) who claimed that knowledge of HIV/AIDS is not necessarily sufficient to motivate men or young people to alter potentially dangerous partner interactions, even in high prevalence areas where HIV/AIDS is an obvious threat to social stability. Several studies, including Omorepie (2004) and Akanle (2005) which explored youths' reactions to the threat of HIV/AIDS and its potential impact on sexual decision-making and behaviour, suggest that knowledge of HIV/AIDS or fear of HIV/AIDS is not an overriding factor in how young men conduct their sexual relationship. Rather young men report having broad sexual network/multiple concurrent sexual partners and unprotected sex both because they do not perceive themselves at risk of infection but also due to social pressure to engage in such behaviour.

In relation to HIV/AIDS, the possibility that the possession of adequate and correct knowledge is highly correlated to preventive efforts is a strong motivating factor in most educational projects. People's ability to take actions to prevent illness depends on individual's views of his own vulnerability: perceived susceptibility to a particular health problem, his belief about the severity of the illness or perceived seriousness of the condition (How serious is AIDS? How hard would my life be if I get AIDS?). Ability to take action also depends on the belief about the effectiveness of the newly introduced intervention e.g. condom use.

One of the possible reasons why the finding of this study is so, could be because men believe that being HIV positive does not ordinarily lead to HIV/AIDS. Therefore, there is no longer reason to reduce partner numbers or use condom. Other reasons may be because men believe there is a vaccine against HIV/AIDS or a cure for it. They may not take precautions to prevent HIV since they believe there is cure for HIV/AIDS. Men also have realistic ideas about the degree of risk that they face in their sexual life, perhaps this is a reflection of prevalent attitude that contracting HIV would not happen to them. Men might not exhibit the appropriate decision concerning HIV prevention because of their belief or perception about cure of HIV/AIDS since the belief or thought system could determine how one behaves. The thought process might explain the attitude of men towards HIV prevention especially condom use. Perhaps the lack of expected significant correlation between participant knowledge and

personal decision making could have been as a result of the fewer number of subjects used for the study. A larger number of subjects might have produced a different result.

The findings of the study show there is no relationship between HIV preventing behaviour and whether someone had seen someone who had died of AIDS before the findings disagree with that of Ogundana (2004). Perhaps one reason why HIV/AIDS is not taken seriously in Nigeria is because people cannot identify HIV/AIDS with specific death. Although Nigerian newspapers publish statistics about AIDS, fellow townsmen or well-known identities who die from HIV/AIDS are not so indicated. People have been found to disappear to their towns unannounced if they are sick. The findings of the study also negate the theoretical model of Rosenstock. (Becker and Maiman, 1975). In relation to HIV/AIDS, ability to take actions could depend on cues to action witnessing the death or illness of a close friend or relative due to AIDS. Other factors that could lead to taking action are exposure to family planning or HIV prevention messages or radio. (Becker and Maiman, 1975).

Conclusion and Counselling Implication

The study concluded that most Nigerian men are not making adequate personal decisions about sex concerning the use of condom and in seeking voluntary HIV testing. Even though men believe that condom is effective at preventing sexual transmission of HIV, only 42% use condom while only 33.3% use condom consistently. In spite of the fact that men do not use condom consistently, many men perceive their chance of becoming infected with HIV as low. Even when 31% have engaged in risky behaviours that could put them at the danger of HIV infection, it was concluded from the findings that youths are not taking enough precautionary measures to prevent HIV/AIDS in spite of the current efforts to ensure that they practise safe sex. It seems there are some factors militating against personal decision making about sex among men in Nigeria.

Counsellors should encourage men to make responsible and careful decisions about their sexual lives. Counsellors should make men to understand that they are at risk of HIV infection. Counsellors should make men perceive their vulnerability to HIV/AIDS so as to ensure adequate preventive behaviour. Counsellors should also change men's wrong perception, belief and target risk perception of individuals concerning the severity of AIDS. Counsellors should also explain in public lectures, and should engage in public enlightenment and serious campaigns on AIDS as an incurable disease and that making adequate personal decisions about sex, condom use and HIV testing is the major solution to HIV/AIDS problem.

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